POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	Aur	37	1112
FORMALITY REVIEW	BE	3517	13-19-00
RESPONSE FORMALITY REVIEW	Tegerect	995	M4-17-01
	0		<del></del>

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

₹	nestricted U		;u
Claim , Date	Claim Date	Claim	Date
Final Original 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	Final Original	Final	
	51	101	
	52	102	+
	53	103	+   -   -   -
	54 55	104	<del></del>
	56	106	<del></del>
	57	107	<del>                                     </del>
1811111111	58	108	<del>+   .   -   -   -  </del>
9	59	109	
	60	110	
R	61	111	
/rg	62	112	
38	63	113	
1 16	64 65	114	++++++
76	66	115	<del>+++</del>
	67	117	++++
148	68	118	<del>                                     </del>
1911	69	119	<del>                                     </del>
2017	70	120	<del>                                     </del>
(2)	71	121	<del>                                     </del>
22 10	72	122	<del>                                     </del>
23	73	123	<del>                                      </del>
24	74	124	
25	75	125	
26	76	126	
28	77	127	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	78 79	128	
	80	129	<del>+            </del>
(31)	81	131	<del></del>
32 0	82	132	<del>†                                    </del>
. 33	83	133	<del>                                     </del>
7 34	84	134	<del>                                      </del>
35	85	135	
36	86	136	
37 5	87	137	
39	88	138	<del>                                     </del>
40 7	89	139	╅╁┼┼┼┼
40 41	90	140	<del></del>
<del>                                      </del>	91	141	<del></del>
42 43	92	142	<del>                                     </del>
44	93	144	<del>{-}-}-}-</del>
45	95	145	┼┼┼┼┼┼
46	96	146	<del>                                     </del>
47	97	147	<del>                                     </del>
48	98	148	<del>                                      </del>
49	99	149	
50	100	150	

If more than 150 claims or 10 actions staple additional sheet here

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